

**WEST**[Help](#)[Logout](#)[Interrupt](#)[Main Menu](#)[Search Form](#)[Posting Counts](#)[Show 8 Numbers](#)[Edit 8 Numbers](#)[Preferences](#)[Cases](#)**Search Results -**

Term	Documents
VACCIN\$	0
VACCIN.DWPI,EPAB,JPAB,USPT.	109
VACCINA.DWPI,EPAB,JPAB,USPT.	238
VACCINAA.DWPI,EPAB,JPAB,USPT.	1
VACCINAE.DWPI,EPAB,JPAB,USPT.	3
VACCINAFION.DWPI,EPAB,JPAB,USPT.	1
VACCINAL.DWPI,EPAB,JPAB,USPT.	3
VACCINIAIE.DWPI,EPAB,JPAB,USPT.	1
VACCINAL.DWPI,EPAB,JPAB,USPT.	461
VACCINALE.DWPI,EPAB,JPAB,USPT.	4
VACCINANT.DWPI,EPAB,JPAB,USPT.	2
(L4 AND VACCIN\$).USPT,JPAB,EPAB,DWPI.	25

There are more results than shown above. [Click here to view the entire set.](#)

**Database:**

US Patents Full-Text Database  
US Pre-Grant Publication Full-Text Database  
JPO Abstracts Database  
EPO Abstracts Database  
Derwent World Patents Index  
IBM Technical Disclosure Bulletins

**Search:**

L5

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**DATE:** Wednesday, October 30, 2002   [Printable Copy](#)   [Create Case](#)

<u>Set Name</u>	<u>Query</u>	<u>Hit Count</u>	<u>Set Name</u>
side by side			result set
<i>DB=USPT,JPAB,EPAB,DWPI; PLUR=YES; OP=ADJ</i>			
<u>L5</u>	L4 and vaccin\$	25	<u>L5</u>
<u>L4</u>	'g28-5'	38	<u>L4</u>
<u>L3</u>	('g28-5') same (antibod\$) same (vaccin\$)	0	<u>L3</u>
<u>L2</u>	(cd40) same (antibod\$) same (vaccin\$)	23	<u>L2</u>
<u>L1</u>	('anti-cd40' or 'g28-5') same (vaccin\$)	6	<u>L1</u>

END OF SEARCH HISTORY

**OGE OPTIONAL FORM 450-A**  
U.S. OFFICE OF GOVERN-  
MENT ETHICS (4/97)

SEE PRIVACY ACT AND PENALTIES  
STATEMENTS ON REVERSE SIDE  
(OR ON ATTACHED PAGE)

CONFIDENTIAL CERTIFICATE OF NO NEW INTERESTS (EXECUTIVE BRANCH)  
IN LIEU OF ANNUAL OGE FORM 450

This optional form is to be used only by current employees of the executive branch (other than special Government employees), in accordance with 5 CFR 2634.905(d). If you have a previous OGE Form 450 on file with your agency and can certify to all of the following statements, your agency may permit you to use this OGE Optional Form 450-A instead of filing an annual OGE Form 450. If you cannot certify to all of the following statements or otherwise do not wish to use this OGE Optional Form 450-A, you must complete a new OGE Form 450 as your annual report. Consult your agency ethics office for more information.

After examining a copy of my last confidential financial disclosure report (OGE Form 450), I certify to the following:

A. NO NEW INTERESTS. Since filing my last OGE Form 450:

1. I have no new reportable assets or sources of income, for myself, my spouse, or my dependent children;
2. Neither my spouse nor I have new reportable sources of income from non-Federal employment;
3. I have no new reportable liabilities (debts), for myself, my spouse, or my dependent children;
4. I have no new reportable outside positions for myself;
5. I have no new reportable agreements or arrangements concerning future, current, or past non-Government employment for myself;
6. I have no new reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.

(For a description of what interests are reportable, see OGE Form 450 and its accompanying instructions, and/or other agency guidance.)

B. NO CHANGE IN POSITION/DUTIES. Since filing my last OGE Form 450, I have not changed jobs at my agency. (The term "changed jobs" includes a new position description or other significant change in duties.)

I certify that the above statements are true, complete, and correct, to the best of my knowledge.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Position/Title \_\_\_\_\_ Agency/Unit \_\_\_\_\_

FOR AGENCY USE

Date received:

Notes: